

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

(Article 19)

CLAIMS

AS FILED	AFTER		AFTER			
	1 ST AMENDMENT		2 ND AMENDMENT			
	IND.	DEP.	IND.	DEP.		
1	1					
2		1				
3	1					
4		1				
5	1					
6		1				
7		1				
8		3				
9	1					
10	1					
11	1					
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TOTAL IND.	5	↓	↓	↓		
TOTAL DEP.	9	←	←	←		
TOTAL CLAIMS	14					

AS FILED	AFTER		AFTER			
	1 ST AMENDMENT		2 ND AMENDMENT			
	IND.	DEP.	IND.	DEP.		
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100						
TOTAL IND.		↓				
TOTAL DEP.		←	←	←		
TOTAL CLAIMS						